PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

10/040060

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			Column	11	(Coll	(mn 2)				1 1			
							:	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18≈ .		
INDEPENDENT CLAIMS			. ml	nus 3 =	*			X42≠		OR	X84=		
MU	LTIPLE DEPEN	RESENT			X* [+140=		OR	+280=			
4 (1	the difference	in column 1 is	less than ze	ero, ente	r "0" in d	oolumn 2	٠١	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II							٠		L.:	•	OTHER	THAN .	
<u>.</u>		(Column 1)		(Colur		(Column 3)		SMALL		OR . I	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	*4.		5		X\$ 9=		OR	X\$18≒		
9	Independent	* • .	Minus .	***		=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	JUTIPLE DEF	ENDENT	CLAIM			+140=.		OR	+280=		
	•				•		L	TOTAL		OR	TOTAL ADDIT. FEE	<u> </u>	
(Column 1) (Colum						(Column 3)	•	ADDIT. FEE			WOII. PEEL		
		(Column 1) CLAIMS		HIGH	EST		ı	<u> </u>	ADDI-	. [ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVK PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE	•	RATE -	TIONAL FEE	
	Total	. 2	Wiųria	** d		=		X\$ 9=		OR	X\$18=		
里	luqebei qeut	· 2	Minùs	***	3	=====	ll	X42=		OR	X84=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											`	
							Į	+140=		OR	+280=	·	
			esempa seperale				,	TOTAL Addit. Fee		OR	TOTAL ADDIT. FEE	<u></u>	
	and a second	(Column 1)		(Colum		(Column 3)			•	•		•	
ETT		CLAIMS - REMAINING - AFTER - AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA.		RATE	ADDI- TIONAL FEE .		RATE	ADDI- TIONAL FEE	
	Total	*	Minas ,	A R		=		X\$ 9=		.or	`X\$18=		
	Independent	• • •	Minua .	444		=	1	X42=		OR	X84= '		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM	لللن	1			•	.000		
		•			. foll t	O		+140≔	لينسي	FIQ	+280=		
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
44	If the "Highest Nu	mber Previousiv Po	ald For IN THE	r space i	s iesa tha	n 20, e nter :20.	. A	DOTT. FEE		UH /			